



**TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION**

**CERTIFICATE OF FREE SALE AND SANITATION OR
CERTIFICATE OF ORIGIN
(Texas Health and Safety Code, Chapter 229)**

For Office Use Only

Budget: 7B706

Fund: 183

Remit #

Return this completed application and non-refundable fee made payable to TEXAS DEPARTMENT OF HEALTH, P.O. BOX 12008, AUSTIN, TEXAS 78711. For additional assistance, phone (512)719-0222, x409 or visit our website at: <http://www.tdh.state.tx.us/bfds/lic>.

1. FACILITY INFORMATION

COMPANY NAME: _____

PHYSICAL ADDRESS: _____
(Street) (City) (Zip)

ADDRESS CERTIFICATE(S) ARE TO BE MAILED TO: _____
(Street)

(City) (State) (Zip)

CERTIFICATE(S) ARE TO BE MAILED BY:

☐ U.S. Mail ☐ First Class Mail ☐ Courier _____
(What type Courier and Acct. #)

NAME OF CONTACT PERSON: _____

TELEPHONE NO: _____ FAX NO: _____

2. TYPE OF CERTIFICATE

INDICATE **NUMBER** OF CERTIFICATE(S) NEEDED:

_____ Certificate of Free Sale and Sanitation _____ Certificate of Origin

TYPE OF LICENSE - Please check the type of license(s) you currently possess. You must possess a current valid license for issuance of certificate(s) you are requesting.

☐ Food Manufacturer

☐ Molluscan Shellfish

☐ Device Manufacturer

☐ Drug Manufacturer

☐ Frozen Desserts Manufacturer/Distributor

☐ **Cosmetics Manufacturer/Distributor** - Cosmetic establishments are not required to be licensed by the department (see fee schedule on next page)

☐ Food Distributor

☐ Crab Meat

☐ Device Distributor

☐ Drug Distributor

☐ Milk Processor/Distributor

3. FEE SCHEDULE

_____ original certificate(s) x \$50.00 = \$ _____
_____ product(s) x .10¢ per product = \$ _____
_____ additional certificate(s) x \$1.00 per page = \$ _____

TOTAL \$ _____

FEE SCHEDULE FOR COSMETICS ONLY

This is for manufacturers/distributors of cosmetics **ONLY** who are not required to have a license with the Department. If you currently have another type of license with the department and also manufacture/distribute cosmetics please use the above fee schedule.

_____ original certificate(s) x \$50.00 = \$ _____
_____ product(s) x .10¢ per product = \$ _____
_____ additional certificate(s) x \$1.00 per page = \$ _____
1 inspection conducted by Department = \$ 328.00

TOTAL \$ _____

4. TYPE OF PRODUCTS - On the Product List table below please indicate the type of product(s) for which the certificate is to be issued. Use the following chart for product(s) code.

Product	Code
Food	F
Drugs	D
Cosmetics	C
Medical Devices	MD
Dietary Supplements	DS
Milk and Dairy Products	Milk

PRODUCT LIST - Please use the table below to list the product(s) for the certificate(s). If you have more products you may attach a separate page with those products.

Product Name	Manufacturer	Size of Product	Product Code
i.e. Green Beans	Del Monte	12 oz	F

I swear or affirm that the above statements are true and correct.

Signature

Date